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(Application Nu	mber	09/519,563	
TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Filing Date 03/06/2000 First Named Inventor Haller		03/06/2000	
				Group Art Unit	
				Examiner Name	
Total Number of Pages in This Subn	noissin	Attorney Docket	Number	P-7354.03	
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Fee Transmittal Form Fee Attached Amendment / Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Drawing Licensin Petition Petition Provision Power of Change Address Termina Request CD, Nur Remarks Mail Stop Petiti Commissioner P.O. Box 1450 Alexandria, VA	nent Papers Application) (s) (g-related Papers to Convert to a nal Application f Attorney, Revocat of Correspondence I Disclaimer t for Refund mber of CD(s)	ion	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): FAX RECEIVE JUN 1 7 2003	
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Medtronic, Inc., USPTO Customer No. 27581 Eric R. Waldkoetter, Reg. No. 36,713 Signature Date Medtronic, Inc., USPTO Customer No. 27581 Eric R. Waldkoetter, Reg. No. 36,713 To July 2003					
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PTO/SB/17 (01-03) Approved for use through 04/30/2003. OMB 0851-0032

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known FEE TRANSMITTAL **Application Number** 09/519.563 FAX RECENTED for FY 2003 Filing Date 03/06/2000 First Named Inventor Haller Effective 01/01/2003. Patent fees are subject to annual revision, **Examiner Name** Thompson, Michael Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3763 TOTAL AMOUNT OF PAYMENT (\$) 3,270P-7354.03 PETITIONS OFFICE Attorney Docket No. METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued) Money Check Other 3. ADDITIONAL FEES None arge Entity Small Entity Deposit Account: Fee Code Deposit Fee Description Code (\$) 13-2546 Account Fee Paid 1051 130 2051 65 Surcharge - late filing fee or oath Deposit Account 1052 50 2052 Surcharge - late provisional filing fee or cover sheet Medtronic, Inc. 25 Name 1053 130 1053 130 Non-English specification The Commissioner is authorized to: (check all that apply) 1812 2,520 1812 2,520 For filling a request for ex parte reexamination Charge fee(s) indicated below ✔ Crodit any overpayments 1804 920 1804 Requesting publication of SIR prior to Charge any additional fee(s) during the pendency of this application Examiner action Charge fee(s) indicated below, except for the filing fee 1805 1.840 1805 1,840* Requesting publication of SIR after to the above-identified deposit account. Examiner action 1251 110 2251 55 Extension for reply within first month FEE CALCULATION 1252 410 2252 205 Extension for reply within second month 1. BASIC FILING FEE arge Entity Small Entity 1253 930 2253 485 Extension for reply within third month Fee Description Fee Pald Code (\$) 1254 1,450 2254 725 Extension for reply within fourth month 1,970 1001 750 2001 375 1255 1,970 2255 985 Extension for reply within fifth month Utility filing fee 1002 330 2002 165 1401 Design filing fee 320 2401 1003 520 2003 260 Plant filing fee 1402 320 2402 160 Filing a brief in support of an appeal 1004 750 2004 375 1403 Reissue filing fee 280 2403 140 Request for oral hearing 1005 160 2005 1451 Provisional filing fee 1.510 1451 1,510 Petition to Institute a public use proceeding 1452 110 2452 SUBTOTAL (1) (\$) 55 Petition to revive - unavoidable 1453 1,300 2453 1,300 650 Petition to revive - unintentional 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1501 1,300 2501 650 Utility issue fee (or reissue) ee from Ext<u>ra Claim</u>s below <u>Fee Paid</u> 1502 470 2502 235 Design issue fee Total Claims 1503 630 2503 315 Plant issue fee Independent 1460 130 1460 130 Petitions to the Commissioner Multiple Dependent 1807 50 1807 50 Processing fee under 37 CFR 1.17(a) Large Entity (Small Entity 1806 180 1806 180 Submission of Information Disclosure Stmt Fee Fee Code (\$) Fee Fee Code (\$) Fee Description Recording each patent assignment per 8021 40 8021 40 property (times number of properties) 1202 18 2202 Ctaims in excess of 20 375 Filing a submission after final rejection (37 CFR 1.129(a)) 1809 750 2809 1201 84 2201 42 Independent claims in excess of 3 1203 280 2203 140 375 For each additional Invention to be examined (37 CFR 1.129(b)) Multiple dependent claim, if not paid 1810 750 2810 1204 84 2204 42 Reissuo independent claims over original patent 1801 750 2801 Request for Continued Examination (RCE) ** Reissue claims in excess of 20 1205 18 2205 1802 900 1802 900 Request for expedited examination and over original patent of a design application Other fee (specify) SUBTOTAL (2) *Reduced by Basic Filing Fee Pald etor number previously paid, if greater, For Relasues, see above SUBTOTAL (3) (\$) 3,270 SUBMITTED BY (Complete (if applicable)

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